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Actual



SEVENTEENTH
ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO

The Education Committee

OF THE

SALOP COUNTY COUNCIL.

1924.

JAMES WHEATLEY, M.D., D.P.H.



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Medical Staff.

School Medical Officer:

JAMES WHEATLEY, M.D., D.P.H.

Assistant School Medical Officers:

KATHLEEN PRIESTLEY, L.S.A.
MABEL BLAKE, M.B., Ch.B.
ARTHUR D. SYMONS, M.D., D.P.H.
WILLIAM TAYLOR, M.D., D.P.H.
LESLIE WILSON EVANS, M.B., D.P.H.

School Dentists:

STEPHEN KEENAN, L.D.S.
FRANK H. BIRCH, L.D.S.

Organiser of Physical Training:

MRS. K. W. DAVEY, Diploma of the College of Physical Education.
(Commenced duties March 1st, 1924).

To the Chairman and Members of Salop Education Committee.

LADIES AND GENTLEMEN,

I beg to present my seventeenth Annual Report as Medical Officer to the Salop Local Education Authority.

The combined scheme of School Medical Inspection and Child Welfare has been further advanced and continues to work well.

The year has been one of consolidation of services started in previous years.

The principal advance during the year has been the appointment of an Organiser of Physical Training.

The school clinics have continued to grow in usefulness and now form an important part of the scheme of medical inspection and treatment.

The educational part of the scheme of medical inspection has not received the attention that it deserves, owing principally to pressure of other work.

I am, Ladies and Gentlemen,

Your obedient Servant,

JAMES WHEATLEY,

County Medical Officer of Health,
and School Medical Officer.

County Buildings,
Shrewsbury.

April, 1925.

AREA COVERED BY THE SALOP LOCAL EDUCATION AUTHORITY, NUMBER OF SCHOOLS, DEPARTMENTS, AND CHILDREN ON REGISTER.

The area covered by the Salop Education Authority comprises 858,277 acres, and had a population at the 1921 census of 211,946. It is co-terminous with the Administrative County with the exception that the Borough of Shrewsbury is not included. The number of schools at the end of the year was 287, comprising 345 departments. The number of children on the registers necessarily varies from time to time to some extent. On December 31st, 1924, it was 30,354.

Halford School was closed on the 30th June, 1924.

HYGIENIC CONDITION OF SCHOOLS.

The effect on school children of the hygienic condition of schools is twofold—the direct effect upon the health of the child and the effect upon the mind producing impressions and habits which may endure throughout life. It is difficult to say which of the two is the more important; habits and impressions, partly due to the character of the school environment and partly due to the teaching and training, should have a profound influence on health.

In a report on “School Hygiene and the Caretaker,” Dr. Symons says:—

“The function of schooling should be not only to impart knowledge and train the mind, but to mould character, inculcate morals, manners, and social behaviour, and to demonstrate hygienic living.

“It is well known that a practical object lesson is memorised and retained far better than any theoretical discussion or knowledge gained from books, and it is on this basis that our attention should be turned to the hygiene of classrooms and school buildings generally, so that the imitative child mind will remember in after years that what was preached by teachers and doctors at the school was practised, and will do likewise at his or her home.

“Economic conditions rule out as impracticable the extensive alteration or conversion of existing schools into the ideal according to modern ideas, and so one has to adapt and make the best use of what we already possess, and the question naturally arises as to what is the most useful way in which a limited amount of money ought to be spent.

“There is no doubt that cleanliness not only of the floors, walls, closets, washing basins and windows, but of the atmosphere itself is of the greatest importance.

“Dirt denotes neglect and poor discipline, and it is intimately associated with disease and preventable ill-health.

“Now the school caretaker is employed to combat this dirt which rapidly accumulates, and her's ought to be a more responsible and hence a better paid post than it is, or if not better paid, her duties should be lightened as they could be by other preventive measures.

“The greatest amount of dirt is carried in on the boots from muddy or gritty playgrounds. To stop this, it would save labour and prevent disease if all the playgrounds, which are also used for physical drill, could be paved with asphalt or concrete. Failing this an adequate number of doormats should be provided and used.”

This question of a higher standard of cleanliness is worthy of most careful consideration by the Education Authority.

The healthiness or otherwise of a school depends upon the facilities provided and the way they are used. Perhaps the gravest examples of misuse are in connection with ventilation of the rooms and spacing of the children. In order to maintain the healthiest conditions possible in any given schoolroom much attention should be given to obtaining circulation of air throughout

the room, and at the same time the children should be separated so far as floor space and desk accommodation allow. By these precautions the general tone of the children is improved, minds become more alert and educable, and the opportunities for the spread of infection are much lessened. Merely looked upon from an educational standpoint it is well worth the teacher's while to give some thought to this subject.

It must be recognised, however, that it is impossible to ventilate a school properly in winter if the schoolroom is not warmed sufficiently and if the children are underclothed and underfed. The teacher should make it part of his business to see that the caretaker does all in her power to get the school reasonably warm before school hours. He should also advise any child who is cold in school to put on his overcoat.

Apart from the internal condition of the school, a good water supply and good playgrounds and playing fields are the most important matters. Research and experience are both pointing to the fact that free drinking of water is essential for health, and that much disease is caused from the breaking of this health law. In many parts of this County the habit of drinking water (not tea, beer or cider) is not general, as it should be, owing to a great extent to the defective and objectionable character of the water supplies. At school a plentiful supply of wholesome water should always be available, and the children should be taught to drink water freely, instead of the decoctions of tea, etc., that they frequently bring with them. Where there is not a wholesome supply of water laid on to a school and until such a supply is provided, it should be a duty of the school authority to see that an ample supply is carried each day to the school and stored in a covered vessel placed conveniently for access, and provided with a tap for drawing off. The supply should be ample for drinking and washing the utensils, and should not be less than one pint for each child.

The provision of proper playgrounds and playing fields is a fundamental requirement that has been much neglected in the past, with great detriment to the present generation.

The following paragraph was forwarded to the Managers of schools in November, 1924 :—

“ The Medical Inspection Committee of the Local Education Authority has observed with much pleasure that there are persons who have the interests of scholars so much at heart that they allow scholars to play games in fields and grounds belonging to them and that there are many Teachers who are equally interested and supervise the games out of school hours, showing the children how to play games. The School Medical Officer is of opinion that the playing of games under supervision is of great value from the standpoint of the physical well-being of the child, and the Committee agrees entirely with this view. The Committee would like to see the provision of accommodation for scholars' games much extended and it is hoped that Managers and Teachers will do all they can to influence those who have fields or grounds suitable and available for games to lend them for so desirable a purpose.”

The time is now opportune for some more effective action.

EDUCATIONAL WORK OF MEDICAL OFFICERS.

This is being developed and should become a very powerful influence in public health education.

In its final result, probably this is the most important work of the medical officers. It is essentially preventive, but, unfortunately, in its results, it cannot be stated in definite terms like the number of children inspected and treated. Being somewhat intangible and not being made a definite requirement of the Board of Education, it is apt to be to some extent overlooked. It calls for much thought, enthusiasm and energy on the part of the medical officers, and it also occupies a considerable amount of time. It is always the first work that suffers if the medical staff is insufficient.

With the opening of additional Child Welfare Centres and School Clinics the amount of time available for this work has been further encroached upon.

The addresses given by the Assistant School Medical Officers during the year to the children were :—

ADDRESSES GIVEN BY MEDICAL INSPECTORS.

By <i>Dr. M. Blake</i> :	Nasal Breathing ..	1	Exercises and Fresh Air	1
	Dental Caries ..	5	Cleanliness and Personal Hygiene	1
	General Hygiene ..	2	Clothing	1
	Sunlight and Fresh Air	3	Ventilation and Fresh Air ..	2
	Reasons for Medical In-		Food Values	1
	pection	1	Total ..	18
By <i>Dr. L. W. Evans</i> :	Care of the Teeth ..	19	Importance of small things in	
	Food	1	Health.. .. .	1
	Main Sources of Health	1	Total ..	22
By <i>Dr. K. Priestley</i> :	Causes and Prevention		Faulty Clothing	5
	of Constipation ..	9	Total ..	16
	Prevention of Dental			
By <i>Dr. A. D. Symons</i> :	Cleanliness of Teeth ..	8	Diet and Teeth	1
	Prevention and Decay		Dirt and Disease	1
	of Teeth	2	Health	2
	Fresh Air and		Nits	1
	Ventilation ..	2	Value of Exercise	1
	Sunlight and Fresh Air	1	Total ..	22
	Nose Breathing ..	2		
	Food	1		
By <i>Dr. W. Taylor</i> :	Care of the Teeth ..	22	Impetigo	1
	Mouth Breathing ..	3	Total ..	26

The educational work here referred to may with advantage be dealt with in detail, as it affects the different groups of persons concerned with child life.

Teachers.—One becomes more and more impressed with the fact that comparatively little progress can be made in improving the hygiene of school life unless the teacher is thoroughly interested in the physical condition of the children and reasonably well informed concerning the important principles governing the health of the child. Many teachers have had no training in hygiene, but even those who have had this, need the constant advice and help of the School Medical Officers. The Medical Officer should, whenever time permits, talk to the teachers on

some important branch of hygiene with the object of enabling them to maintain better school conditions, and to teach and train the children in healthy living. The school conditions here referred to are not only those connected with the construction and cleanliness of the school, but personal cleanliness, attitude of the body both at the desk and during standing and exercise, the prevention of mouth breathing, the suitability of the midday meal and how it should be eaten, the importance of spacing the children so as to minimise infection, and many other matters. These can be all illustrated by actual conditions in the schools or put in such a form that it can be embodied in the training of the children.

Medical officers will often find that a good plan is to go through and explain to the teachers the various leaflets on cleanliness, ventilation, prevention of decay of teeth, etc., that have been issued from time to time to them.

It will probably be found desirable to extend this method of giving instruction on health matters to teachers.

The teachers can utilise this knowledge not only in improving the general school hygiene, but in teaching and training the children. Matters like ventilation, warmth, cleanliness and other kindred things can be put in the hands of monitors to report upon and regulate so far as it is in their power. A daily inspection of cleanliness of the hands and clothes of the children is of great use as not only a means of enforcing cleanliness but of pointing out the value of cleanliness in promoting health. The midday meal may be made the occasion for imparting and exemplifying much valuable knowledge on food and how it should be eaten. The interval for play should be the time for showing the children the necessity for exercise sufficiently strenuous as to cause complete expansion of the chest and real exercise for the heart. The teachers should also see that the children develop a correct style of walking and running. It is upon this that the proper development of the arch of the foot depends and consequently to a considerable extent the activity and health or otherwise of the person throughout life. It should be pointed out that the interval for play is the time too, for water drinking, rather than at meal times. An ample supply of water should always be readily available for this purpose. A teacher will not do this work, nor is he in the position to do it unless he is stimulated and informed by the Medical Officer. Some years ago I lectured to most of the teachers in the County on the prevention of decay of teeth and with very good results, but it is essential that the main points in this work should be gone over with the teachers at least once a year.

Real progress, however, will not be made by teachers who do not recognise that the children as a whole are under their charge, and that there can be no true education unless the physical needs are properly met.

Parents.—A good deal can be done in talks to the parents. It is true that time for this work is limited and the hygienic advice that can with advantage be given is mostly such as is particularly applicable to the child under consideration. In most defective conditions, such as defects of eyes, nose and throat, teeth, general malnutrition, rheumatism and anaemia, the general advice that is necessary goes, however, far beyond the remedy of the particular defect. The advice, too, is much more apt to be acted upon, because it is given with special reference to the defect of their own child.

School Children.—Whenever time and other conditions permit, an opportunity should be taken for speaking to the older children on some health matter of importance.

School Nurses.—The opportunity should always be taken to see that the nurse benefits by attendance at school inspections. It may be only that she can listen to and absorb what is said to the parents, teachers or scholars: or the Medical Inspector may find time to talk to the nurse on some important matter of school or general hygiene. It must always be remembered that the nurses have not had a real grounding in hygiene based on physiology, and that this defect should be remedied by the School Medical Officer so far as lies in his power. The nurses in their turn have great opportunities in the homes of the people.

School Attendance Officers.—The training of these officers is a different matter and is directed to different ends. They can be of considerable help in preventing verminous conditions and in seeing that routine instructions for minor ailments, particularly skin conditions, are not neglected.

In order to fit them better for their work they attended a conference in Shrewsbury for a morning session, and were taken over all the important matters by the School Medical Officer.

ARRANGEMENTS MADE FOR MEDICAL INSPECTION.

Medical inspection of elementary and secondary schools throughout the whole county, with the exception of the Borough of Shrewsbury, has been carried out by the whole-time officers, who, it is estimated, are engaged for about a quarter of their time in maternity and child welfare work. In addition to medical inspection one of the officers now undertakes the work of oculist for those districts where there is difficulty in getting the children to the Shrewsbury Eye, Ear and Throat Hospital.

Routine examinations have been made at the ages of 5, 8 and 12, and in addition the children under five and all children brought forward by the teacher or nurse have been examined.

The children found defective on previous occasions are re-examined at each inspection until declared well.

SCHOOL NURSES.—Eighty-nine part-time nurses have been employed in connection with 202 school departments ; 85 of these nurses are working for Associations connected with the Shropshire Nursing Federation ; 2 are nurses employed by other Associations or by private persons, and 2 are working on their own account.

Two whole-time school nurses deal with the schools in the urban and rural districts of Oswestry and Oakengates and the surrounding schools. The remainder of the schools in the County are divided amongst the health visitors, so that now all the schools with the exception of three small inaccessible schools on the Clee Hill, are included in the nursing scheme.

Number of children attended by—

District Nurses acting as School Nurses	..	..	16,787
Whole-time School Nurses	..	..	5,457
Health Visitors	..	..	6,397
Nurses working on their own account	..	..	2,049

VOLUNTARY HELPERS.—(see remarks, page 8, report for 1914).

During the war the scheme for utilising Voluntary Helpers became much less efficient, owing greatly to the fact that the helpers were fully employed with other work. Much of the routine work undertaken by the helpers is now done by the school nurses, but there is still work to be done in which helpers can be most useful. What is now wanted is one lady for a school or group of schools to whom the nurse can apply for advice or assistance.

Where the school nursing is done by the District Nurse the Secretary of the Local Nursing Association very frequently carries out the functions mentioned above.

TEACHERS, ATTENDANCE OFFICERS AND SCHOOL ATTENDANCE.—(for details, see page 9, report for 1914).

The teachers have continued to afford great help in the work of medical and dental inspection and treatment.

The value of the assistance that is given and the results achieved vary enormously in the different schools. It is all a question of the personal influence of the teacher and the interest taken in the physical condition of the children. In some schools, particularly some of the country schools, the word of the teacher is almost always accepted. The great disparity in the influence of teachers is nowhere more marked than in connection with the acceptance of dental treatment. Presumably all the teachers are satisfied of the enormous importance on health of dental treatment, and yet many of them cannot overcome the objections mostly arising from the children (see table, page 13).

In the section dealing with verminous conditions, attention is called to the great influence that the teacher can exert to improve the cleanliness of the school children.

The Attendance Officers are now working in closer co-operation with the medical department. Their opportunities of seeing whether children absent from school on medical grounds are getting medical treatment, are often greater than the opportunities of the school nurse. They are now instructed to report at once any such children who are absent and are apparently not receiving or carrying out medical treatment, so that they can be further investigated if necessary by the medical department. They are also to report on children who are excluded by the Medical Inspector for various conditions and are not carrying out the treatment prescribed.

INSPECTION OF SECONDARY SCHOOLS.—The secondary schools, 18 in number, were visited three times during the year with one exception, where, owing to the small number of children for examination in the first term, two visits only were made. Entrants, leavers and scholars aged 12 and 15 were examined.

No arrangements have been made for providing treatment or for following up the defects found. The whole question of remedial treatment is left in the hands of the head masters and mistresses.

The tables referring to the inspection of Secondary Schools are given at the end of the report.

EXTENT AND SCOPE OF THE MEDICAL INSPECTION CARRIED OUT IN THE YEAR 1924.

91 schools were visited once only during the year.

180	„	„	„	twice	„	„
74	„	„	„	three times	„	„
1	„	was	„	four times	„	„

TABLE I.—A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	..	..	..	..	..	..	..	3594
Intermediates	..	..	..	..	..	..	..	3917
Leavers	..	..	..	..	..	..	..	3633
Total	..	..	..	..	..	..	..	11144
Number of other Routine Inspections	..	..	..	..	..	..	..	Nil.

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	2030
Number of re-inspections	..	..	..	..	..	..	15020
Total	..	..	..	..	..	..	17050

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1924.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition					1	1023	..	16
Uncleanliness					1750	..	4	..
Skin..	Ringworm—							
	Scalp				27	..	4	..
	Body				10	..	7	..
	Scabies				35	..	10	..
	Impetigo				61	..	13	..
Eye ..	Other diseases (non-tubercular) ..				25	..	1	..
	Blepharitis				64	19	12	..
	Conjunctivitis				7	..	7	..
	Keratitis				..	..	..	..
	Corneal Opacities				3	..	..	..
	Defective Vision (excluding squint)				632	177	85	4
	Squint				91	21	24	2
	Other conditions				10	..	5	..
Ear ..	Defective hearing				40	..	16	..
	Otitis media				68	..	16	..
	Other ear diseases				1	..	..	..
Nose and Throat	Enlarged tonsils only				225	426	60	3
	Adenoids only				120	250	40	2
	Enlarged tonsils and adenoids ..				235	96	75	..
	Other Conditions				9	11	1	1
Enlarged Cervical Glands (non-tubercular)					5	95	5	2
Defective speech					..	46	..	3
*Teeth, Dental Diseases					667	..	5	..
Heart and Circu- lation	Heart Disease—							
	Organic				11	119	2	2
	Functional				3	146	2	1
Lungs	Anaemia				50	27	11	4
	Bronchitis				19	47	1	..
	Other non-tuberculous diseases ..				1	2	..	..

TABLE II.—*continued.*

Defect or Disease.				Routine Inspections.		Special Inspections.	
				No. of Defects.		No. of Defects.	
				Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment
(1)				(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary—						
	Definite	..	..	2	..	..	..
	Suspected	..	..	75	..	21	..
	Non-pulmonary—						
	Glands..	..	..	10	1	1	..
	Spine ..	..	..	..	..	..	..
	Hip ..	..	..	2	..	..	..
	Other bones and joints	..	..	1	..	..	..
Nervous system	Skin ..	..	..	..	..	..	..
	Other forms	..	..	5	..	..	..
	Epilepsy ..	..	..	6	14	3	2
	Chorea ..	..	..	5	..	4	..
Deform- ities	Other conditions	..	..	3	1	..	..
	Rickets	..	..	8	8	1	..
	Spinal Curvature	..	..	209	40	21	2
Other defects and diseases	Other forms	..	..	252	31	33	1
		..	..	224	687†	63	60‡

* This only includes the grosser cases requiring immediate treatment, others being left over for routine treatment by the School Dentist.

† Includes 523 Dull and Backward Children.

‡ Includes 34 Dull and Backward Children.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children.		Percentage of children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups :—			
Entrants	3594	554	15.4
Intermediates and other routine inspections	3917	857	21.9
Leavers	3633	753	20.7
Total (Code Groups)	11144	2164	19.4

EYE DEFECTS.—These include defective vision, squint and external eye defects.

There were 832 children with defective eyesight and squint requiring treatment, and 204 with lesser degrees of defect that needed to be kept under observation. Of the children requiring medical treatment, 723 were belonging to the code groups, and 109 were special cases. The children aged 5 are not systematically examined for eyesight, so that the code group cases are mostly aged 8 and 12. The percentages amongst these cases needing medical treatment was 8.8. The pre-war percentages at the age of 12 were :—

Year	1908	1909	1910	1911	1912	1913	1914
Percentages of defects ..	15.5	14.7	13.3	11.8	14.5	18.2	19.4
Post-war percentages :—							
Year	1919	1920	1921	1922	1923	1924	
Percentages of defects ..	10.0	10.2	8.5	7.6	7.5	8.2	

Leaflets for the use of teachers, parents and Health Visitors dealing with squint, myopia and aural defects were printed in the report for 1922, and reference can be made to that report for them.

Teachers are supplied with copies of the leaflet which emphasises the kind of teaching which should be given in school, and the Health Visitors and School Nurses are supplied with copies of the leaflets which are drawn up specially for the use of parents.

DEFECTS OF NOSE AND THROAT.—There were 765 children with defects of the throat and nose requiring treatment amongst those examined, and 789 children suffering from minor conditions and needing to be kept under observation. Of those requiring treatment 285 were suffering from enlarged tonsils, 160 from adenoids and 310 from both enlarged tonsils and adenoids.

Of the 11144 children of the Code groups examined, 589 or 5.3 per cent. required medical treatment.

The conditions necessitating operation were discussed fully in last year's report. The Medical Officers now report on each case operated on, as to how the operation has been done and the result on the child's health. This will be summarised in next year's report.

TEETH.—For the last 10 or more years efforts have been made through the schools and by means of the health visitors to teach the prevention of dental caries on physiological lines. Simple rules of prevention have been drawn up and supplied to the schools and to the health visitors. The directions to the health visitor are to leave these at every house where there are young children and explain them. In addition, lectures have been given by the medical staff to school teachers, to nurses, to mothers at the Child Welfare Centres, and by the County Council health lecturer to the children at the schools.

This teaching is regarded as one of the most important duties of the health visitors. There is reason to think that there has been a considerable improvement in the teeth of the children of the County, but without some general acknowledgment of the supreme importance of the work it seems almost impossible to get that sustained interest and enthusiasm amongst the workers and that receptivity amongst the public that is essential for any great success.

The prevention of decay of teeth is now receiving considerably more attention from the important bodies responsible for the public health. The Dental Board have also issued a leaflet on prevention and treatment.

The prevention of dental caries should occupy a very important place in any scheme of general health education that the Government may institute.

It is eminently satisfactory to be able to record that the Society of Medical Officers of Health has drawn up a leaflet containing directions for the prevention of dental caries. This leaflet was drawn up by a committee composed of Dentists, School Medical Officers, Child Welfare Medical Officers and Medical Officers of Health, and may be looked upon as an authoritative statement.

The staff still consists of two dentists and four dental dressers, and the conditions of working are as stated in the report for 1921.

The ends that have been steadily kept in view are :—

- (1) That the inspection should be of a *systematic* character.
- (2) That all the schools should be dealt with in a reasonable time, and if possible within twelve months.
- (3) That the mouth of every child treated should be freed from any gross septic conditions, and every decayed permanent tooth that is saveable, should be saved.
- (4) That subject to the foregoing conditions and to the proviso that every filling should be done as well as possible so that it shall be really permanent, the largest number of children possible should be dealt with.

The success or failure of the scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and not upon the refinements of dental treatment.

In small country schools inspection and treatment are carried out at the same visit, and in all other schools arrangements are made for treatment either at the school or at a clinic some three weeks after inspection.

Children of all ages in the schools have been dealt with since October, 1923. This is a very important advance.

Not only are all ages dealt with but the schools are now being visited on an average about once in eight months. This has been possible owing to the considerable number of refusals and the smaller amount of treatment required owing to previous treatment.

All the schools were inspected and treated in 1924, with seven exceptions.

Ninety-six schools were treated twice.

Thirty-two schools were inspected twice, but the second treatment was not given until 1925.

NUMBER OF CHILDREN DEALT WITH.

				AGE GROUPS INSPECTED.								Specials.	Total.			
Age	..	5	6	7	8	9	10	11	12	13	14					
East of County	..	..	..	..	1436	1608	1908	2127	2291	2306	2368	2163	1911	286	—	18404
(Mr. Birch)																
Remainder of County	..	..	..	..	1105	1515	1836	2022	2174	2184	2211	2016	1907	312	—	17282
(Mr. Keenan)																
					2541	3123	3744	4149	4465	4490	4579	4179	3818	598	—	35686
(b)	Referred for Treatment	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17034
(c)	Actually treated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9107
(d)	Re-treated (result of periodical examination)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	823

							No. of Children Referred for Treatment.										
							5	6	7	8	9	10	11	12	13	14	Total.
Age ..																	
East of County (Mr. Birch)							657	816	977	1044	1040	1014	1031	885	830	116	8410
Remainder of County (Mr. Keenan)							273	571	904	1187	1234	1158	1151	1014	971	161	8624
							930	1387	1881	2231	2274	2172	2182	1899	1801	277	17034

NUMBER OF TEMPORARY TEETH DECAYED.

Age ..	SAVEABLE.										UNSAVEABLE.									
	5	6	7	8	9	10	11	12	13	14	5	6	7	8	9	10	11	12	13	14
East of County	3506	3121	3253	2866	2383	1625	967	413	179	12	953	1395	1964	1847	1592	1249	884	419	209	20
Remainder of County ..	1958	2881	3479	3279	2636	1824	1089	464	183	25	566	1167	1726	2317	2129	1597	1293	601	322	35
	5464	6002	6732	6145	5019	3449	2056	877	362	37	1519	2562	3690	4164	3721	2846	2177	1020	531	55

NUMBER OF PERMANENT TEETH DECAYED.

Age ..	SAVEABLE.										UNSAVEABLE.									
	5	6	7	8	9	10	11	12	13	14	5	6	7	8	9	10	11	12	13	14
East of County	7	76	253	452	597	738	966	953	1002	168	0	0	6	32	75	88	196	247	220	26
Remainder of County ..	3	35	175	381	532	644	755	908	992	159	0	6	35	128	231	273	416	607	674	104
	10	111	428	833	1129	1382	1721	1861	1994	327	0	6	41	160	306	361	612	854	894	130

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics and Schools.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anaesthetics.	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Temp-orary Teeth.
230½	671	9748	1463	3942	10086	393	4335	0	1282	563

The number of unsaveable permanent teeth is a measure of the imperfection of the dental scheme, and for this reason a detailed analysis has been made showing how these teeth have become unsaveable. A tooth becomes unsaveable when the decay has reached the pulp cavity, or very close to the pulp cavity. It is very satisfactory that in 35,686 examinations of children only 3,364 unsaveable permanent teeth were found. 2,755 of these were due to refusal of treatment at the previous inspection. Only 609 can therefore be legitimately attributed to any shortcomings of the scheme. Of this number 301 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion; 176 were due to an unusually long inter-inspection period, and only 132 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period. These figures are extremely encouraging, showing, as they do, that if there were no refusals and no extra long periods between inspections there would be very few permanent teeth destroyed. In the East of the County where treatment is carried on principally in clinics, and where there is consequently more opportunity for treating those children who could not for any reason be dealt with on the day arranged, the total number of unsaveable teeth, apart from refusals, was only 75.

The difference between the number referred for treatment, including 1,842 cases brought forward from 1923, and the number treated, was 9,769. The details are given in the following statement :—

	Refusals.	Absent on day of Treatment.	Left School.	To be treated in 1925.	Treatment deferred.
East of County	3374	435	29	833	94
Remainder of County ..	2934	267	45	1637	121

It will be noted that there were no less than 6,308 refusals of treatment. The following table shows the schools in which the percentage of consents was very high and those in which it was very low :—

PERCENTAGES OF " CONSENTS " FOR TREATMENT.

Chetwynd	100 per cent.	Eardington	30 per cent.
Wroxeter	98 ..	Worthen Stiperstones ..	30 ..
Edgmond	98 ..	Frankton	31 ..
Lee Brockhurst ..	96 ..	Ludlow East Hamlet Boys	32 ..
Fitz	95 ..	Hopton Wafers	33 ..
Ford	95 ..	Selattyn	33 ..
Childs Ercall	93 ..		
Little Ness	93 ..		
Pant	93 ..		
Church Aston	92 ..		
Cardington	92 ..		
Smethcote	91 ..		
Westbury Forest ..	91 ..		

It is, I think, a serious indictment of our educational system, although it has brought about great changes for the better, that after fifty years of universal education we should find a considerable percentage of the people ranging in different parts from 20 per cent. to 70 per cent. refusing dental treatment for their children, when skilled treatment is provided free of cost. We know that in the more highly educated classes, dental treatment is sought after and obtained at much cost and inconvenience, and we may infer that the large majority of parents who refuse dental treatment do so because of a lack of development of their intelligence and their consequent inability to form a correct judgment on the serious problems of life. I would suggest seriously that the acceptance of dental treatment should be looked upon as a test of intelligence and consequently of success or failure of education in a district. A recognition of the value of such tests by education authorities as an indication of the quality of education in a district would help us much in our work.

Prevalence of Dental Caries.

The following tables show percentages of dental caries at the various age periods amongst the children examined :—

RESULT OF ROUTINE INSPECTION BY THE MEDICAL INSPECTORS.

DISTRICT.	AGE 5.					AGE 8.					AGE 12.				
	Decayed Teeth.			Children free from Caries.		Decayed Teeth.			Children free from Caries.		Decayed Teeth.			Children free from Caries.	
	No. of Children.	Number.	Average per child.	Number.	Percentage	No. of Children.	Number.	Average per child.	Number.	Percentage	No. of Children.	Number.	Average per child.	Number.	Percentage
Dr. Blake	459	1893	4.1	126	27	763	3620	4.7	89	12	745	1623	2.2	181	24
Dr. Priestley	575	2222	3.9	147	26	746	2150	2.9	135	18	692	937	1.4	294	42
Dr. Taylor	455	1134	2.5	190	41	774	2458	3.2	165	21	790	1485	1.9	262	33
Dr. Symons	567	1332	2.3	231	41	625	1874	3.0	114	18	652	949	1.4	255	45
Dr. Evans	433	1066	2.4	164	38	609	1491	2.4	171	28	562	691	1.2	242	43
	2489	7647	3.0	858	34	3517	11593	3.3	674	19	3441	5685	1.6	1234	36

Results of Inspection by the Dentists.

Age	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed	2.8	2.8	2.9	2.8	2.4	2.0	1.7	1.5	1.5	1.5

Average number of decayed teeth per child found by the Medical Inspectors in the years 1919—1924 :—

Year	Age 5	Age 8	Age 12
1919	2.1	3.6	2.1
1920	2.16	3.8	2.1
1921	2.5	3.5	1.9
1922	3.0	3.6	1.7
1923	3.4	3.6	1.7
1924	3.0	3.3	1.6

This table is of great interest, showing as it does that there has been a steady increase of dental caries from 1919 to 1923 at the age of 5, a steady decrease at the age of 12, and that caries at the age of 8 has remained stationary. The decrease at the age of 12 may probably be attributed to treatment. Although lost teeth and stopped teeth are counted as decayed teeth, these extractions, stoppings, and other minor operations do often prevent other teeth becoming decayed. The increase of caries at the age of 5 must, I think, be attributed to the passing away of war food conditions—restricted amount of sugar and coarser bread. The amount of caries at this age period has remained stationary since 1922, and it is 44 per cent. of the amount in pre-war years. The amount of caries at the age of 12 is 33 per cent. of the pre-war amount.

TUBERCULOSIS.

Cases of phthisis amongst school children during the year were discovered in one of two ways: either in the examination of children referred by the teachers and nurses or picked out by the Medical Inspectors; or in the examination of children belonging to phthisis houses, all of whom are systematically examined by the Medical Inspectors.

Examination of Children from Phthisis Houses by the Medical Inspectors.

No. of children belonging to phthisis houses.	Not yet examined.	No physical signs.	Phthisis.	
			Suspected.	Diagnosed.
620	95	520	<u>5</u>	<u>0</u>
			5	

The 5 cases, together with 125 others picked out by the medical inspectors, teachers, nurses, etc., were referred to the Tuberculosis Officers.

Total number of School Children examined by the Tuberculosis Officers.

No. of Children.	No physical signs.	Phthisis.		Other forms of Tuberculosis.	Left County.	Refused examination.
		Diagnosed.	Suspected.			
341	188	53	62	30	3	5

By these means all children known to have come into close contact with a case of pulmonary tuberculosis or showing any signs of failing health without obvious cause, and all school children with any suspicious signs of tuberculosis are brought before the Tuberculosis Officers. The new examination centres have been found most useful for this purpose.

GOITRE.

DISTRICT.		BOYS.			GIRLS.			Total.
		Entrants.	Intermediates.	Leavers.	Entrants.	Intermediates.	Leavers.	
Dr. Priestley— Oakengates, Dawley, Madeley, Newport and Drayton.	No. of Children .. Cases of Goitre ..	361 0	443 1	371 0	345 0	373 0	369 4	2262 5
Dr. Blake— South of the County ..	No. of Children .. Cases of Goitre ..	372 1	387 7	366 12	402 5	419 11	381 30	2327 66
Dr. Evans— Oswestry and Ellesmere	No. of Children .. Cases of Goitre ..	341 0	360 0	295 1	334 1	357 1	309 5	1996 8
Dr. Symons— Wellington, Ironbridge, Broseley.	No. of Children .. Cases of Goitre ..	355 0	318 1	330 2	312 1	334 1	344 5	1993 10
Dr. Taylor— Atcham, Whitchurch, Bridgnorth, Wem	No. of Children .. Cases of Goitre ..	395 1	436 7	404 12	377 2	490 10	464 44	2566 76
Totals		1824 2	1944 16	1766 27	1770 9	1973 23	1867 88	11144 165

The figures seem to show an excess of goitre in the south of the County and only a small amount of goitre in the east and north-east of the County.

It is now proved that although there may be other contributory causes, the essential cause of goitre in a locality is the paucity of iodine in the soil and consequently in the water and vegetation. As the sea is the great source of iodine, this substance, speaking generally, diminishes in the soil with the distance from the sea and along with the decrease of iodine there is an increased prevalence of goitre. Even in goitrous districts McClendon has found that those persons who drink milk of herbivorous animals freely, mostly escape.

This knowledge furnishes us with simple measures of prevention.

The use of iodised table salt appears to be the most universally applicable method of administering iodine. A person eating the iodised salt most commonly used in this County in about an average amount would take three-quarters of a grain of iodide of potassium in a year. Experience in Switzerland seems to show that this amount is sufficient to prevent goitre.

It is very probable that this small amount of iodine added to the food in a goitrous district would prove generally beneficial, even to persons with no obvious goitre.

It must be clearly understood that a table salt with this small amount of iodine is for the purpose of prevention, and should be used by the whole population in a goitrous area. Persons who have developed goitre should have medical treatment.

NUTRITION, HEIGHTS AND WEIGHTS, ETC. :—

Age.	Total No. of children measured and weighed at the various ages.	HEIGHTS.			WEIGHTS.			Measurements made by British Association for Advancement of Science in 1883.	
		Town Schools.	Country Schools.	Total.	Town Schools.	Country Schools.	Total.	Hts.	Wts.
		Inches.	Inches.	Inches.	Lbs.	Lbs.	Lbs.	Inches.	Lbs.

BOYS.

5	1248	41.2	41.7	41.6	39.5	40.3	40.1	41.0	39.9
6	333	43.4	43.4	44.1	43.2	43.6	43.6	44.0	44.4
8	1748	47.5	47.8	48.0	52.1	53.2	53.0	47.1	54.9
9	120	49.0	49.5	49.4	56.6	57.8	57.5	49.7	60.4
12	1650	54.6	54.7	54.7	72.2	73.7	73.3	55.0	76.7
13	105	55.7	57.0	56.7	77.3	81.8	80.6	56.9	82.6

GIRLS.

5	1134	40.9	41.3	41.3	38.6	39.2	39.0	40.6	39.2
6	384	43.2	42.9	42.9	41.8	42.6	42.4	42.9	41.7
8	1766	47.2	47.5	47.4	50.1	51.7	51.3	46.6	52.1
9	132	49.7	49.2	49.4	57.1	54.8	55.5	48.7	55.5
12	1729	55.1	55.3	55.3	74.7	74.7	74.1	55.7	76.4
13	93	57.9	58.4	58.2	85.5	88.5	87.4	57.8	87.2

SECONDARY SCHOOLS.

Ages.	No. of Children.	Boys.		No. of Children.	Girls.	
		Heights.	Weights.		Heights.	Weights.
		Inches.	Lbs.		Inches.	Lbs.
10	20	53.8	68.4	25	53.9	69.0
11	44	55.1	71.8	55	55.4	75.1
12	96	56.7	79.5	154	57.2	79.9
13	26	58.8	83.9	42	59.2	91.8
14	37	60.3	93.8	48	61.5	106.5
15	104	63.6	109.5	148	62.1	107.1
16	19	64.8	120.4	36	63.0	112.8
17	1	71.0	146.8	41	63.2	112.8

These tables again show better nutrition of children in the country than in the town schools, and in the secondary schools than in the elementary schools.

The only ages at which we can compare the elementary with the secondary school children are the ages 12 and 13. At these ages amongst the boys, the secondary schools show an advantage of 8.5 per cent. and 4.1 per cent., and amongst the girls 7.8 per cent. and 5.0 per cent.

For many reasons it is desirable that one should be able to form an accurate estimate of the relative nutrition of town and country children.

Speaking generally nutrition is dependent principally upon the kind and quality of food. Food is by no means, however, the only factor—the other important influences being the healthiness of surroundings, amount of exercise, exposure to fresh air and sunshine, rest and sleep. None of these will produce satisfactory nutrition if the food is insufficient or unsuitable, but if unsatisfactory they will interfere with nutrition even though the food is entirely suitable. It is obvious, therefore, that in comparing the nutrition of town and country children we must be careful not to assume that the differences are due entirely to differences of food supply. Probably the diet of school children depends primarily on two factors—the economic factor and the intelligence and knowledge of the parents.

Apart from the amount and quality of the food the points favouring the nutrition of country children are (1) greater healthiness of surroundings, (2) more fresh air and sunshine, (3) probably on the whole more sleep, (4) the longer walk to and from school—this, I am convinced, is on the whole beneficial, although occasionally harmful. The chief point telling against country children is that they cannot get home to their mid-day meal. The average of town children, in addition to suffering by comparison in the particulars mentioned, is no doubt lowered by a slum population which has nothing quite corresponding to it in most rural districts. The economic factor, perhaps the most important of all, is rather difficult to assess. The average wage is considerably higher in urban districts, and the families are larger in rural districts. Living is, however, cheaper in rural districts, and the money is probably, as a general rule, better spent, and moreover, unemployment is less common in rural districts. On the whole the economic factor apart from waste is probably considerably in favour of urban districts.

Country children have a distinct advantage in being able to get more readily both fresh fruit and green vegetables, but to what extent they avail themselves of their opportunities in this respect it is difficult to assess. There is no doubt whatever that town children are very short indeed of these most necessary articles of food.

An attempt has been made to compare in detail the nutrition of town and country children. For this purpose the weight of the children only has been considered. Although weight is an unsafe guide for an individual child, it is a good guide when applied to large numbers of children of the same race and locality. There is no reason to suppose that these groups of children have any inherent differences, and the converse may be assumed with some confidence that their differences in weight are due to difference of environment.

The figures in the town and country schools for the years for which they are available are as follows :—

AVERAGE WEIGHTS IN AGE GROUPS 5, 8 AND 12, IN YEARS 1909, 1910, 1911, 1912,
1913, 1923 AND 1924.

BOYS.

Year				AGE 5.		AGE 8.		AGE 12.	
				Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
				lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
1909	..	..		39.5	39.2	..	..	72.3	70.9
1910	..	..		39.2	38.9	..	..	72.0	71.4
1911	..	..		39.4	38.5	..	..	73.4	71.7
1912	..	..		39.3	39.0	..	..	72.8	71.0
1913	..	..		39.8	39.1	..	..	73.2	71.4
1923	..	..		40.2	39.7	53.3	51.5	74.0	71.3
1924	..	..		40.3	39.5	53.2	52.1	73.7	72.2
Average for 7 years			..	39.7	39.1	53.25	51.8	73.1	71.4

GIRLS.

Year				AGE 5.		AGE 8.		AGE 12.	
				Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
				lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
1909	..	..		38.25	37.3	..	..	74.2	71.1
1910	..	..		38.2	37.9	..	..	73.3	71.1
1911	..	..		38.4	37.8	..	..	73.9	70.6
1912	..	..		38.5	38.0	..	..	73.9	71.1
1913	..	..		38.4	37.8	..	..	73.6	72.2
1923	..	..		38.8	37.6	51.2	50.4	75.6	72.5
1924	..	..		39.2	38.6	51.7	50.1	74.7	74.7
Average for 7 years			..	38.54	37.9	51.45	50.25	74.2	71.9

It is interesting to observe that not only the average for the seven years, but in each of the seven years in both sexes and in the three age periods the weight of the country children was in every case higher than that of the town children.

It was felt, however, that a closer comparison was needed. Possibly the higher average weight of country children might be due to a comparatively small number of very robust children ; or that the lower average of town children might be due to a number of very puny children from the slums. It seemed, therefore, that better results would be obtained by selecting typical town and country schools and by comparing the percentages of children falling in various groups.

The groups selected were—

- (1) Containing all the children who were within 10 per cent. of the average weight—either above or below.
- (2) (named B in the Table) 10 per cent.—20 per cent. below the average.
- (3) (named A in the Table) more than 20 per cent. below the average.
- (4) (named C in the Table) more than 10 per cent. above the average.

Group (1) may be neglected, as it gives us no information, not given in greater detail by (2), (3) and (4). The figures are given in the table below. They relate to 2,145 children examined at the routine ages of 5, 8 and 12 in the year 1924. The results are consistently in favour of the country children and are very instructive. The proportion of children in town schools in the lowest grade (A) was 100 per cent. higher than in country schools; and 27 per cent. higher in the next lowest grade (B); whereas in the highest grade (C) the proportion in the country schools was 57 per cent. higher than in the town schools. This superiority of country schools extends throughout every age period.

At the age of 5 the town schools have a preponderance of children in the two low groups equal to 100 per cent. and 10.8 per cent., and in the country schools in the highest group there is a preponderance of 77.2 per cent.

At the age of 8 the preponderance of children in the two low groups in the town schools is equal to 96.9 per cent. and 53.4 per cent., and in the country schools in the highest group there is a preponderance of 42.8 per cent.

At the age of 12, the preponderance of children in the town schools in the two low groups is equal to 94.7 per cent. and 20.4 per cent., and in the country schools in the highest group there is a preponderance of 60.1 per cent.

The town schools selected could be more strictly defined as schools in 'non-agricultural' districts. They have been sub-divided into:—Town schools proper—Wellington, Oswestry, Market Drayton; Schools in mining districts in north of the County; Schools in Oakengates (Mining and Iron).

The figures given below show that the town schools proper have a considerably higher percentage of children in the two lower groups than the mining and semi-rural schools have. They have, however, a somewhat higher proportion of children in the highest group.

These figures are remarkably consistent and do definitely show that, judged by weight, the nutrition of the school children is best in the rural districts and gets worse with closer urbanisation.

ALL AGES (5—8—12) COMBINED.

	Number of children.	A. Number of children who were more than 20 per cent. below the average expressed as a percentage of the whole.	B. Number of children who were 10—20 per cent. below the average expressed as a percentage of the whole.	C. Number of children who were more than 10 per cent. above the average expressed as a percentage of the whole.
Country Schools	794	4.0	13.1	22.9
Town Schools	1351	8.0	16.7	14.6
Town Schools sub-divided :—				
(1) Town Schools proper— Wellington, Oswestry, Drayton	664	9.5	17.8	15.1
(2) North of County—mining and agricultural ..	156	5.1	12.8	11.5
(3) Oakengates—mining and iron	531	6.8	16.6	13.0
	Ages ..	5	8	12
		A. B. C.	A. B. C.	A. B. C.
Country Schools		3.0 13.0 22.5	3.2 11.8 21.7	5.7 14.2 24.5
Town Schools		6.0 14.4 12.7	6.3 18.1 15.2	11.1 17.1 15.3

A.—More than 20 per cent. below average.

B.—10 per cent. to 20 per cent. below the average.

C.—More than 10 per cent. above the average.

Mid-day Meals in Schools.—There has been no feeding of school children under the Provision of Meals Act during the year, because there has been no marked privation.

On the other hand there is much evidence that the meals brought to school are unsatisfactory and should be supplemented. The Education Authority should consider in what way mid-day meals of children who live too far away from the school to get home in the middle of the day can be made satisfactory. Expenditure on the provision of facilities for hot meals at school is similar expenditure to that for transporting children where schools are too far distant. It must not be confused with the expenditure on the meals themselves. I am very strongly of opinion that a little expenditure on these facilities, together with some extra care and supervision in the way children take their mid-day meal would have a very markedly beneficial result.

I have frequently pointed out that in my opinion the unsatisfactory meals can be made fairly satisfactory if the children had in addition half to three-quarters of a pint of good fresh milk. This is the simplest form of improving mid-day meals, and I think perhaps the most effective.

At the suggestion of Dr. Symons a scheme of this description is being tried in several of the schools of the County. Wherever the teacher signifies his willingness to supervise the scheme the following letter is sent to the parents of the children who stay at school for their mid-day meal :—

Dear Madam,

MID-DAY MEAL.

It has been found throughout the Country and especially in rural districts that children who have to eat their mid-day meal at School, cannot obtain as nutritious a meal as those who can get home at dinner-time, and that many of them suffer in health in consequence. It is therefore proposed on the advice of the School Medical Officer to start a scheme in this School for supplying a mug of milk daily to the children who stay to dinner. This nourishing milk is intended to be in addition to the food brought to School, and I am informed by the School Medical Officer that it will greatly improve the health and growth of the school children. If you are willing for your child to benefit by this scheme will you kindly reply to the following questions :—

- | | |
|---|------------|
| 1. Do you wish your child to take part in this scheme ? | Yes or no. |
| 2. Are you willing to pay 1d. a day, the cost of the milk ? | Yes or no. |
| 3. If you cannot afford 1d. a day, are you prepared to pay 3d. a week for milk on three days only ? | Yes or no. |
| 4. Can you provide your child with an enamel mug, to be kept at the School ? | Yes or no. |

Yours sincerely,

.....
Head Teacher.

N.B.—THIS LETTER SHOULD BE RETURNED TO THE HEAD TEACHER.

It is hoped that shortly voluntary bodies, perhaps Women's Institutes, will be interested in these schemes and help to keep them going.

RINGWORM.—Of the children examined by the Medical Inspectors 31 were found to be suffering from ringworm of the scalp.

In addition, 175 cases have been notified by the teachers. These were not usually based on medical opinion.

The figures seem to show that ringworm is not nearly as prevalent in the schools as it was before the war.

Hairs were submitted to Birmingham University, with 186 positive results and 88 negative results.

When authorised by the School Medical Officer, children suffering from ringworm are now admitted to school, if the parent undertakes to carry out certain stringent precautions. It is also an essential condition of admission that the teacher shall undertake to see that the precautions are carried out.

Facilities have now been provided for the treatment of intractable cases of ringworm by a specialist in Birmingham. The railway fares are paid where the parents are not in a position to afford them.

During the year 9 cases were sent to Birmingham to be treated by Dr. Hall Edwards. All of these are apparently cured.

PEDICULOSIS.—The instructions given to the school nurses are to examine the heads of the children each term, that is three times a year, and to follow up the verminous children so as to get them clean before the end of the term. The inspection in the following term is to be begun *de novo*. So far as the returns show, there appear to have been 1,108 primary inspections and 1,765 following up inspections. At the primary inspections 85,779 children were examined and 6,872 were found verminous, or a percentage of 8.0.

These figures compare with 87,280 children examined in 1923, of whom 7,845 or 9.0 per cent., were verminous, and a percentage of 9.9 in 1922, 12.3 in 1921, and of 14 in 1920.

The following figures show the results of the examination of heads at the first and following up inspections. It must be remembered that on the second and subsequent inspections only those found verminous or absent at the first inspection are examined :—

First Inspection.—Number examined 85,779. Verminous 6,872.

Subsequent Inspections :—

			2nd inspection.	3rd inspection.	4th inspection.	5th inspection.
Verminous	..	..	3519	1317	386	110
Absent	..	..	1017	569	174	55

These figures undoubtedly show a real improvement.

The following paragraph, which appeared in my last reports, has less application now that the inspection is done more thoroughly.

“ In interpreting these figures it must be borne in mind that in some schools a third inspection was not made, and in many there was no fourth or fifth inspection, so that the apparent decrease of verminous conditions is greater than the real decrease.”

The total number of children found verminous during the year at one time or another was estimated at 5,463, or 18 per cent. This is about double the number verminous at one time.

The following paragraphs state the policy now adopted.

The time has now, however, arrived when verminous conditions can no longer be tolerated and when the procedure of separation in school, exclusion and finally prosecution should be strictly carried out in accordance with instructions. Proceedings in connection with the radically verminous children who are the source of the trouble should be commenced at the beginning of the term instead of waiting until the third inspection. These children should be well known now.

It has been the policy in the past to give every assistance and advice before prosecuting. Summonses have only been issued as a last resort. There can be no doubt, however, that prosecutions are an essential part of any scheme for getting the children's heads clean. Without them the really careless and dirty people will continue to be dirty and verminous and be a constant danger to the clean part of the school. There can be no doubt, too, that the new policy of proceeding to exclusion and prosecution in the essentially verminous cases at the beginning of the term is now the sound one.

Seventeen cases were taken into court and heard before the Magistrates at Oswestry, Bridgnorth, Bishop's Castle, Wellington, Baschurch, and Newport. Fines were imposed in 16 cases, ranging from 2/6 to £1. One case was dismissed on account of the poverty of the parents.

My general remarks in last year's report may be repeated with advantage. Their truth has been confirmed by further experience.

The prevention of verminous conditions depends upon :—

- (1) The influence and teaching of the teachers and their cordial and active co-operation with the school nurses.
- (2) The efficiency of the routine measures taken in the school by the school nurses.
- (3) The steps taken by the nurses and attendance officers, etc., outside the school to get the children clean and to punish neglectful parents.

These measures should extend so far as possible to other members of the household.

I am inclined to think that these three lines of action are placed here in their order of importance.

The influence of the teacher on the cleanliness of the children was dealt with fully in the report for the year 1922, and an extract was forwarded to all the Schools in the County.

DULL AND BACKWARD CHILDREN.—Two hundred and sixty-seven children were brought forward by the teachers as mentally dull, and were carefully examined by the Medical Inspectors. Five were diagnosed as mentally defective.

An analysis of the results of inspection of the 262 dull and backward children shows the following causes. :—

Insufficiency of education	..	..	..	..			88
Physical defects—							
Adenoids and tonsils	..	..	..	..	..	II	
Vision	..	..	..	..	..	4	
Other defects	..	..	..	..	..	II	
						—	26
Bad home conditions	..	..	..	..	..		25
Mental dullness (no apparent cause)			..	..	..		93
Suspected mental deficiency..	..	..	..	..	..		18
No diagnosis of cause	..	..	..	..	..		12
							262

Perhaps the matter of most practical importance shown by these figures is the number who were dull and backward from insufficiency of education, namely, 88, principally due to late commencement of school life and to some extent to irregular attendance afterwards.

Special attention is being paid to those in whom the dull and backward condition was attributed to physical defects, with the object of getting these defects remedied.

The degree of retardation was estimated as follows :—1 year, 5 ; 1½ years, 7 ; 2 years, 134 ; 2½ years, 8 ; 3 years, 77 ; 4 years, 20 ; 5 years, 1. In ten cases the degree was not stated.

Those retarded over three years come up automatically for special examination for mental deficiency.

Two hundred and forty children diagnosed dull and backward in 1921, 1922 and 1923 were re-examined this year. Fifteen were diagnosed as mentally deficient ; of the others 9 were suspicious of mental deficiency, 179 were found to have improved, 28 not improved, and in 9 cases no opinion was given.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST
DECEMBER, 1924.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Defect or Disease. (1)	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin—			
Ringworm—Scalp	95	42	137
Ringworm—Body	62	6	68
Scabies	16	12	28
Impetigo	224	20	244
Other Skin Diseases	159	20	179
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	116	56	172
Minor Ear Defects	98	49	147
Miscellaneous— (e.g., Minor injuries, bruises, sores, chilblains, etc.) ..	823	42	865
Total	1593	247	1840

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor
Ailments—Group I.)

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of refraction (including Squint)	907	41	25	973
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)				
Total	907	41	25	973

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	853
(b) Otherwise	48

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	817
(b) Otherwise	47

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
233	41	274	33	307

There was a very considerable difficulty in getting children with adenoids and enlarged tonsils treated owing to the fact that the Shrewsbury Eye, Ear and Throat Hospital was closed for school cases for seven months.

FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

At Hospitals—

- (1) For Eye, Ear and Throat Defects—letters of recommendation provided for :—
Eye, Ear and Throat Hospital, Shrewsbury.
North Staffordshire Infirmary, Stoke-on-Trent.

- (2) For Throat Defects—

The Lady Forester Hospital at Broseley, Ludlow Cottage Hospital, and the Bridgnorth and South Shropshire Infirmary—payment made for the operation for tonsils and adenoids. (No cases yet treated at Bridgnorth under these arrangements).

- (3) For Deformities—

At Shropshire Orthopaedic Hospital—patients paid for under the tuberculosis scheme, and the scheme for the medical treatment of school children.

At Clinics or Schools—

Eye Clinic at Oswestry, attended by a practitioner—1/- paid by parents towards cost in each case.

Occasional Eye Clinics were held during 1924 at Whitchurch, Bridgnorth, Ludlow and Stokesay School, and attended by an Assistant School Medical Officer—Dr. Taylor.

Clinics for minor ailments at Oswestry, Oakengates, Wellington, Whitchurch, Ludlow, Bridgnorth, Newport and Dawley.

X-ray treatment of ringworm by a specialist at Birmingham.

Orthopaedic treatment at 15 After-care Centres provided by the Shropshire Orthopaedic Hospital.

The Orthopaedic Hospital with its After-care scheme has been the greatest possible help in the treatment of deformities of school children. By means of this scheme it has been possible to get prompt examination and treatment of every case where consent could be obtained.

DETAILS OF TREATMENT RECEIVED AT THE HOSPITALS AND CLINICS.

Treatment received at Eye, Ear and Throat Hospital for Shropshire and Wales, Shrewsbury, during the year, on Recommendations supplied by the County Council.

Seven hundred and fifty-six letters of recommendation were supplied and 709 of them have been used for 689 children.

The results of treatment, so far as re-inspection has gone, are very satisfactory.

EYE DEFECTS.

Hospital or Clinic.	Number of Children seen.	Glasses prescribed.	Glasses obtained.	No. change of Glasses ordered.	Other treatment.	Visit to Salop Hospital advised.	No. glasses or treatment necessary.
Salop Eye, Ear and Throat Hospital	562	489	484	29	21	..	19
North Staffordshire Infirmary	14	9	9	..	3	..	2
Oswestry Eye Centre	154	149	148	1	..	1	3
Assistant School Medical Officer at Whitchurch Eye Clinic	27	22	21	..	..	3	2
Bridgnorth do.	52	49	46	..	..	1	2
Ludlow do.	36	34	34	..	..	2	..
Stokesay School	38	33	29	2	..	2	1
Total	883	785	771	32	24	9	29

THROAT DEFECTS.

Hospital.	Number of Children seen.	Operated on.	Other treatment.
Salop Eye, Ear and Throat Hospital	86	84	2
North Staffordshire Infirmary	1	1	..
Broseley Hospital	42	42	..
Oswestry Cottage Hospital	59	59	..
Ludlow Cottage Hospital	2	2	..
Total	190	188	2

Treatment of tonsils and adenoids at the Salop Eye, Ear and Throat Hospital has been very severely limited during the year. The Hospital was only open for this purpose from March to July, and during this period was only available for four cases per week to be sent in on a Wednesday. The Hospital was closed to these cases from July, 1924 until 11th February, 1925, and since opening the cases have been limited to two cases per week.

EAR AND NOSE TREATMENT.

Hospital.	Number of Children seen.	Received Treatment.				Recommended for Deaf and Dumb School.
		Remedied.	Improved.	Not Improved.	Not known.	
Salop Eye, Ear and Throat Hospital ..	41	18	19	2	1	1

TREATMENT AT THE SHROPSHIRE ORTHOPAEDIC HOSPITAL.

Disease.	Cases paid for by the County Council.			Cases not paid for by the County Council.		
	Child Welfare, Tuberculosis and School Cases.			Child Welfare, Tuberculosis School and other Cases.		
	Under 5	5 to 14	Over 14	Under 5	5 to 14	Over 14
Tuberculosis of Bones and Joints ..	9	31	56**	2	1	8
Poliomyelitis	2	16	..	1	1	1
Rickets	11	7	..	1	1	..
Knock Knee	..	1	..	..	..	..
Scoliosis	..	8	..	..	1	7
Kypho-Lordosis	..	1	..	..	..	3
Congenital Deformities	1	2	..	1	2	2
Flat Foot	..	4	..	..	1	4
Club Foot and Claw Foot	5	6	..	4	1	9
Osteo-Arthritis	..	..	..	..	..	1
Osteomyelitis	1	3	..	..	1	3
Osteo-chondritis	..	1	..	..	..	..
Exostoses	..	..	..	..	..	1
Arthritis	..	1	..	..	1	7
Spastic Paraplegia	..	4	..	1	2	..
Other Paralysis	..	4	..	..	1	1
Fractures and Dislocations	4	4	..	1	..	5
Synovitis Knee	..	1	..	..	..	1
Torticollis	..	1	..	..	1	..
Hammer Toes	..	..	..	..	..	1
Round Shoulders and Flat Feet	..	1	..	..	..	1
Hallux Ridigus Flexus	..	..	..	..	..	1
Periostitis Tibia	..	1	..	..	..	..
Hallux Valgus	..	..	..	..	..	1
Gunshot wounds	..	..	..	..	..	16
Other Accidents	1	1	..	..	..	18
Other Diseases	..	3	..	..	..	9
	34	101*	56	11	14†	100
		191			125	
		Total .. 316				

* Includes 4 Shrewsbury School Children.

† Includes 5 Shrewsbury School Children.

** Four of these cases notified and sent in to the Hospital as tubercular were diagnosed afterwards to be Osteomyelitis, Sarcoma, Functional Spine and Fibrositis.

In all, 316 cases have been treated at the Hospital, compared with 265 in 1923. So far as we are aware all the cases really needing treatment have been dealt with. This is very satisfactory. It is our constant endeavour to get the cases treated as early as possible.

Analysis of cases according to causation :—

101	or	32.0	per cent.	were due to	tuberculosis.
21	„	6.6	„	„	poliomyelitis.
20	„	6.3	„	„	rickets.
29	„	9.1	„	„	congenital deformities.
53	„	16.7	„	„	other deformities—postural or of doubtful causation.
12	„	3.8	„	„	injuries and diseases arising at birth.
26	„	8.2	„	„	infections other than tuberculosis.*
54	„	17.1	„	„	other accidents and diseases.

* Includes Rheumatoid Arthritis, Osteo-Arthritis and Osteo-Chondritis.

This classification of cases in accordance with causation is extremely instructive. Tuberculosis, rickets, postural deformities and infections other than tubercular must be looked upon as eventually preventable, and most of the conditions here mentioned are comparatively easily cured if got under treatment at the very beginning of the disease. This particularly applies to poliomyelitis, rickets, congenital deformities, and to a considerable extent it applies to cases of tuberculosis. The paralytic conditions arising from child birth are possibly also preventable. A systematic inquiry into these cases would well repay the trouble.

Many of the tuberculous cases come under notice after considerable damage has been done, the cause of the trouble not being recognised in the early stages.

Clinics for Minor Ailments.—The following table shows the work done at these Clinics :—

OSWESTRY CLINIC.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
Skin—						
Ringworm—head ..	8	21	873	19	10	..
Ringworm—body ..	2	6		8	..	..
Scabies	5	3	68	6	2	..
Impetigo	8	32	303	40	..	..
Minor Injuries ..	6	29	364	35	..	..
Other skin diseases ..	7	6	45	13	..	..
Ear Disease	11	..	128	6	5	..
Eye Disease (external and other)	7	8	54	13	2	..
Verminous conditions ..	..	92	137	92	..	..
Other conditions	18	14	84	23	6	3

OAKENGATES CLINIC.

Skin :—						
Ringworm—head ..	1	4	15	4	1	..
Ringworm—body ..	..	8	22	8	..	..
Scabies	..	2	4	2	..	..
Impetigo	4	72	205	76	..	..
Minor Injuries ..	1	97	337	98	..	..
Other Skin Diseases ..	1	9	26	9	1	..
Ear Disease	6	21	103	20	7	..
Eye Disease (external and other)	6	31	93	28	9	..
Verminous conditions ..	1	11	22	12	..	..
Other conditions	10	150	400	124	33	..

NEWPORT CLINIC.

Skin :—						
Ringworm—head ..	1	..	1	1	..	..
Ringworm—body ..	..	16	142	16	..	..
Scabies	..	..	..	..	..	..
Impetigo	1	16	191	17	..	..
Minor Injuries ..	..	23	203	23	..	..
Other Skin Diseases ..	..	5	42	5	..	..
Ear Disease	1	2	23	3	..	..
Eye Disease (external and other)	..	5	8	5	..	..
Verminous conditions ..	..	1	5	1	..	..
Other conditions	8	6	55	13	1	..

WELLINGTON CLINIC.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
Skin :—						
Ringworm—head ..	2	9	224	7	4	..
Ringworm—body ..	3	6	52	8	1	..
Scabies	..	4	24	4	..	..
Impetigo	2	38	210	40	..	..
Minor Injuries ..	..	16	108	16	..	..
Other Skin Diseases ..	1	17	151	15	3	..
Ear Disease	5	19	171	7	17	..
Eye Disease (external and other)	4	17	95	7	14	..
Verminous conditions ..	..	7	12	7	..	..
Other conditions	31	172	424	142	60	1

WHITCHURCH CLINIC.

Skin :—						
Ringworm—head ..	..	24	1504	19	2	3
Ringworm—body ..	..	..	..	..	..	..
Scabies	..	..	..	..	..	..
Impetigo	..	10	67	10	..	..
Minor Injuries ..	..	15	235	12	..	3
Other Skin Diseases ..	1	3	31	..	3	1
Ear Disease	5	10	409	1	7	7
Eye Disease (external and other)	..	8	107	4	..	4
Verminous conditions ..	..	4	16	4	..	..
Other conditions	4	32	60	..	9	27

LUDLOW CLINIC.

Skin :—						
Ringworm—head ..	..	11	127	10	..	1
Ringworm—body ..	..	5	22	5	..	..
Scabies	1	..	4	1	..	..
Impetigo	..	15	35	12	3	..
Minor Injuries ..	..	7	11	7	..	..
Other Skin Diseases ..	1	57	114	57	1	..
Ear Disease	..	7	31	4	3	..
Eye Disease (external and other)	2	12	14	14	..	..
Verminous conditions ..	..	7	13	7	..	..
Other conditions	10	85	225	94	1	..

BRIDGNORTH CLINIC.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
Skin :—						
Ringworm—head ..	13		497	12	..	1
Ringworm—body ..	15		137	14	..	1
Scabies	1		23	1	..	..
Impetigo	25		336	25	..	..
Minor Injuries ..	29		258	20	9	..
Other Skin Diseases ..	50		718	32	..	..
Ear Disease	10		139	6	..	4
Eye Disease (external and other)	15		180	13	..	2
Verminous conditions ..	19		122	18	1	..
Other conditions	41		775	24	11	6

DAWLEY CLINIC (opened December 9th, 1924).

Skin :—						
Ringworm—head ..	..	1	1	..	1	..
Ringworm—body ..	..	1	1	..	..	1
Scabies	..	..	..	..	..	..
Impetigo	1	..	1	..	1	..
Minor Injuries ..	..	..	..	..	..	..
Other Skin Diseases ..	..	1	1	..	..	1
Ear Diseases	1	..	1	..	..	1
Eye Disease (external and other)	1	..	1	..	..	1
Verminous conditions ..	..	..	..	..	..	..
Other conditions	7	12	22	3	7	9
Total for all Clinics, 1924 ..	195	1540	11662	1402	235	77
„ „ 1923 ..	312	1640	10034	1674	206	72
„ „ 1922 ..	347	1126	8197	1172	238	62

A temporary School Clinic was opened in Shrewsbury on February 21st for the treatment of long-standing cases of ringworm from Meole Brace School. Nine children were treated. The total attendances were 245, and all the children were cured by the end of April.

Statement showing visits of nurses in following up cases to bring about treatment :—

	No. of cases.	No. not visited.	Total. visits.
District Nurses	3485	689	6001
Two whole-time Nurses ..	655	28	3596
Health Visitors	1104	276	1617
Total	5244	993	11214

Action taken to detect and prevent Infectious Diseases, including reference to action under Articles 45 (b), 53 (b), and 57 of the Code of 1912.

A description of the scheme of notification of infectious disease from schools and of the measures taken to prevent the spread of infectious disease was given on pages 44, 45 and 46 of the report for 1914. This scheme is still in force.

All notifications of cases of measles in the schools are sent on to the Health Visitors, who make these cases the basis for further inquiries, give advice to the parent with regard to isolation and nursing and see that a doctor is called in if necessary. This work is carried out in close co-operation with the Medical Officer of Health of the District, to whom the Nurses report on individual cases.

All notifications of cases of infectious skin conditions are sent to the school nurses for them to give instruction and help to the parents in carrying out the routine treatment prescribed. Reports are required from the Nurses each month in cases of ringworm and every fortnight in cases of scabies and impetigo. The cases are also notified to the Attendance Officers, who report any of them where the treatment is not being carried out or where the absence from school appears to be unduly prolonged.

All cases of sore throat where there is diphtheria in a school are sent to the School Nurse for swabbing, unless a special investigation is made by the Assistant School Medical Officer and in addition a letter is sent to the parent advising a doctor and pointing out the danger. Wherever a school is closed on account of diphtheria special forms dealing with diphtheria are sent to the Head Teacher to distribute one to each household.

Whenever there is a serious outbreak of scarlet fever in a school, leaflets pointing out the symptoms, the dangers from, and the precautions that should be taken against scarlet fever are sent to the Head Teacher for distribution to every household, and also letters for those homes where there are children suffering from sore throat, vomiting and headache, rash or discharge from ears, advising isolation and that a doctor should be called in without delay.

During serious outbreaks of influenza, leaflets on the lines of that issued by the Ministry of Health are immediately forwarded to the school for distribution.

There can be no doubt that these various measures have a distinctly good educational effect.

Under Article 53 (b), 806 certificates of exclusion from school for infectious disease and other conditions have been sent in :—

156	on account of	impetigo.
31	„	ringworm of scalp.
27	„	ringworm of body.
58	„	scabies.
25	„	tuberculous glands.
103	„	suspected phthisis.
69	„	diagnosed phthisis.
11	„	tubercular peritonitis.
27	„	bronchitis.
20	„	anaemia.
62	„	debility.
18	„	verminous conditions.
22	„	mumps, chicken-pox.
31	„	influenza.
6	„	chorea.
12	„	conjunctivitis.
6	„	heart conditions.
10	„	bronchial catarrh.
6	„	boils.
106	„	various conditions.

School closure has been effected entirely under Article 45 by the School Medical Officer either on information obtained direct from the school, or on the advice of the District Medical Officer of Health. Under this Article, 198 schools were closed for the following reasons:— 36 for measles, 9 for whooping cough, 5 for scarlet fever, 1 for diphtheria, 3 for chicken-pox, 9 for mumps, 123 for influenza, 7 for colds, 1 for impetigo, and 4 on account of Foot and Mouth Disease in cattle.

Special reports have been made by the Assistant Medical Officers with regard to outbreaks of diphtheria at Whitchurch Boys' Grammar School, Cleobury Mortimer Girls' High School, Ludlow C.E. Boys' School, Ifton Heath School, Whitchurch C.E. Girls' School and Cleobury Mortimer School.

In addition to these investigations, numerous visits were made by the Medical Officers and School Nurses for the purpose of swabbing children in connection with diphtheria.

Attention has previously been called to the practice of collecting the pens and pencils, mixing them and distributing them afresh each time instead of keeping one for each child. This certainly appears to be a very easy method of spreading diphtheria when it is present in a school.

REVIEW OF METHODS AND THE ADEQUACY OF SUCH METHODS FOR DEALING WITH BLIND, DEAF, MENTALLY OR PHYSICALLY DEFECTIVE AND EPILEPTIC CHILDREN UNDER THE ACTS OF 1893 AND 1899.

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON DECEMBER 31ST, 1924.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a school or class for the totally blind.	Attending certified schools or Classes for the Blind ..	3	4	7
		Attending Public Elementary Schools	..	1	1
		At other Institutions	..	..	..
		At no School or Institution ..	2	1	3
	(ii) Suitable for training in a School or Class for the partially blind.	Attending certified Schools or Classes for the Blind ..	..	..	..
		Attending Public Elementary Schools	7	4	11
		At other Institutions	..	..	..
		At no School or Institution ..	2	3	5
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the Totally deaf or deaf and dumb.	Attending certified Schools or Classes for the Deaf ..	7	10	17
		Attending Public Elementary Schools	..	1	1
		At other Institutions	..	..	..
		At no School or Institution ..	1	1	2
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending certified Schools or Classes for the Deaf ..	..	..	..
		Attending Public Elementary Schools	5	..	5
		At other Institutions	..	..	..
		At no School or Institution ..	..	2	2

			Boys.	Girls.	Total.
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending certified Schools for Mentally defective children	11	8	19
		Attending Public Elementary Schools	61	39	100
		At other Institutions	1	..	1
		At no School or Institution ..	34	25	59
	Notified to the Local Control Authority <i>during the year.</i>	Feeble-minded	1	1	2
		Imbeciles	9	8	17
		Idiots	2	1	3
Epileptics.	Suffering from Severe Epilepsy.	Attending Certified Special Schools for Epileptics ..	1	..	1
		In Institutions other than Certified Schools	..	..	..
		Attending Public Elementary Schools	10	2	12
		At no School or Institution ..	6	11	17
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	24	13	37
		At no School or Institution ..	4	3	7
Physically Defective.	Infectious Pulmonary and Glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
		At other Institutions	..	..	..
		At no School or Institution ..	26	28	54
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	5	10	15
		At certified residential open-air Schools	..	..	..
		At certified Day Open-air Schools	..	..	..
		At Public Elementary Schools	16	14	30
		At other Institutions	..	..	..
		At no School or Institution ..	11	17	28

			Boys.	Girls.	Total.
Physically Defective (contd.)	Delicate children (e.g., pre- or latent tuberculosis, mal-nutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-air Schools	..	..	..
		At Public Elementary Schools	151	136	287
		At other Institutions.. ..	4	4	8
		At no School or Institution ..	41	39	80
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board	8	10	18
		At Public Elementary Schools	6	9	15
		At other Institutions.. ..	..	..	..
		At no School or Institution ..	7	15	22
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools..	7	4	11
		At Certified Residential Cripple Schools	..	..	..
		At Certified Day Cripple Schools	..	..	..
		At Public Elementary Schools	143	144	287
		At other Institutions.. ..	4	..	4
		At no School or Institution ..	51	47	98

Examination of Mentally Defective, Epileptic, Blind and Deaf Children.

	Certified suitable for Special School on Form 302M, 39, D. or 40 B.D.	Uneducable. Notified to Local Control Authority.	To be kept under observation.	Examined and found Dull and Backward only.
Mentally Defective and Epileptic ..	4	..	..	..
Mentally Defective ..	60	22*	19	12
Epileptic	8	..	15	..
Blind	2	..	..	..
Deaf and Dumb ..	9	..	..	..

* 17 Imbeciles, 3 Idiots, 2 Mentally Defective Children.

Number of children certified as educable and suitable for Sandlebridge in 1924	..								64
Number of these children admitted in 1924	..	..	..	..	..	I			
in 1925	..	..	..	..	..	2			
Admitted to Monyhull	..	..	..	..	..	I			
						—			
						4			4
Number not admitted	..	..	..	..	..	..			60
Reasons for non-admission :—Parents' refusal	..	..	..	..	..	37			
Too old	..	..	..	..	..	I3			
Found unsuitable	..	..	..	..	..	4			
Awaiting vacancies	..	..	..	..	..	6			

The number of children admitted to special schools during 1924 was—Blind 3, Deaf and Dumb 4, Epileptic 1, Mentally Defective 2, Physically Defective 82.

There are two ways in which defective children are discovered, and these, when perfected, should result in all cases coming to our knowledge at a very early stage.

The one is the routine visits of health visitors which should not only reveal the grosser defects that make a child 'defective' in the sense here used, but the minor defects such as squint, adenoids, discharging ears and rickets, which need early treatment.

The other measure is the census of all children now taken by the Attendance Officers every year. This may at times be the means of discovering defects amongst boarded out children or removals into a district that had escaped the attention of the Health Visitor.

During the year 1924, the striking feature was the large number of mentally defective children attending the Public Elementary Schools. These to a considerable extent consisted of children who had been certified for a special school, but either their parents objected to their removal, or there was no available place at Sandlebridge for them. Others were considered too defective for Sandlebridge, although to some extent educable.

The question has been considered as to whether it would not be better to notify these latter children to the Local Control Authority and put them under the supervision of the Health Visitors. The Board of Education is very loth to approve of the transference of any school child who is not an idiot or imbecile to the Local Authority under the Mental Deficiency Act.

Arrangements have now been made for these children to be put under the systematic supervision of the whole-time school nurses, and to be reported at the age of 16 to the Local Authority under the Mental Deficiency Act.

Physical Training.

The scheme outlined in last year's report is now in full operation. The report of Mrs. Davey, the Organiser of Physical Training, will be found in Appendix B, page 44. It shows that a very good start has been made in this work, and also that it will take a period of some years before the whole County is covered. The report also shows that much improvement is required in the way of facilities for physical exercises and games.

In my last year's report I said :—" Exercise and fresh air conditions and proper food are the two primary factors that govern growth and health, and by attention to these two matters we strike at the root of disease. Measures directed to the prevention of particular diseases or to the early treatment of disease, although important, can never yield the same result to the State, consequently it is essential that we should concentrate our energies more particularly on these general measures, which are essential for the full growth and vitality of the great mass of school children. Of these measures, the provision of a good scheme of physical instruction including the encouragement of organised games and the provision of playing fields, is perhaps the most important. Unfortunately physical instruction is in some respects worse in this County than in 1914. *For these reasons I strongly urge that the scheme for the appointment of two organisers of physical training be proceeded with at the earliest practicable moment, and that in the meantime the acquisition of playing fields and organisation of games be encouraged and helped in every possible way.*"

I am so impressed with the importance of this branch of the work that I hope before long the County will appoint the two organisers as originally intended.

The Board of Education take the same view as is shown from the following extract from a report of one of the Inspectors of the Board.

The report, after stating a review of the work, says—

“Some sixteen centres are suggested for these courses, each of which will extend over approximately 12 weeks. It is proposed to hold two concurrently, and it is estimated that it will take three years to cover the County in this way. Even so this estimate allows the barest possible margin of time for following up of the courses by visits and for the supervision of outlying schools from which teachers cannot be expected to get to the centres. If any link is to be kept with centres at which classes have been given, and this is most desirable, progress necessarily becomes slower as the number of worked districts increases.”

“In view of the above circumstances it is hoped that the Authority will be able before long to add to the staff. The County could then be covered more quickly with initial courses and the teachers would be brought into more frequent contact with expert help.”

In addition to attending to the physical development of all the school children, which is infinitely the most important matter, the question of remedial exercises for children requiring them has received considerable attention.

Those children whose deformities are really serious are dealt with by admission for a period into the Orthopaedic Hospital. For the continuation of treatment in these cases, and for the treatment of slighter cases it is most desirable that our School Nurses should work in close co-operation with the Orthopaedic After-care Centres in order that daily exercises may be carried out where necessary, and generally more attention given to this work than it is possible for the Orthopaedic Nurses to give.

If this scheme is carried out it means that School Nurses will have to receive some special training in remedial exercises. Such a scheme will deal to some extent with schools which are not within easy access of the Centres, and in these it appears probable that we shall have to rely to a considerable extent upon the teachers, who in their turn will receive instruction from the Physical Organiser.

In my last report I expressed the hope that further progress would be made in this direction during the year. Unfortunately this has so far not been found practicable, but if possible the work will be developed on these lines during the present year.

SECONDARY SCHOOLS.

A statement is given below as to the amount of inspection done at the Secondary Schools.

NUMBER OF CHILDREN INSPECTED.

A.—ROUTINE MEDICAL INSPECTIONS.

Age	..	..	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total.
Boys	..	..	..	3	3	5	9	20	26	52	123	34	50	124	26	9	5	3	492
Girls	..	..	2	3	6	3	5	19	34	70	201	56	63	213	39	45	16	6	781
Totals	..	..	2	6	9	8	14	39	60	122	324	90	113	337	65	54	21	9	1273

B.—SPECIAL INSPECTIONS.

Boys	..	..	11
Girls	..	..	16
			<u>27</u>

RE-EXAMINATIONS.

Boys	..	..	102
Girls	..	..	261
			<u>363</u>

RETURN OF DEFECTS (SECONDARY SCHOOLS).

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition	..	18	1	..
Uncleanliness	22	..	1	..
Skin .. {	Ringworm—			
	Scalp	..	..	..
	Body	1	..	..
	Scabies	1	..	..
	Impetigo	..	..	..
Other diseases (non-tuberculous)		8	..	..
Teeth, Dental Diseases	229	..	2	..
Nose and Throat {	Enlarged Tonsils only	13	24	..
	Adenoids only	2	3	2
	Enlarged Tonsils and Adenoids ..	5	1	..
	Other conditions	2	..	1
Enlarged Cervical Glands (non-tuberculous)		1	2	..
Goitre	18	14	..	..
Eye {	External Eye Disease	7	1	..
	Defective Vision	98	16	14
	(including squint)			
Ear {	Defective Hearing	6	..	..
	Otitis Media	4	..	..
	Other Ear Diseases	..	..	..
Defective Speech	..	3	..	..
Intelligence (backward)	..	17	..	1
Heart and Circulation	1	19	..	1
Anaemia	4	1	..	..

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary—	Definite	..	..	..	..	..	..
		Suspected	..	..	5	..	..	..
	Non-pulmonary—	Glands	..	..	..	..	..	..
		Spine	..	..	..	..	..	..
		Hip	..	..	..	..	..	..
		Other Bones and Joints	..	..	..	..	..	..
		Skin	..	..	..	..	..	..
		Other forms	..	..	..	..	..	..
Lungs ..	{	Bronchitis	..	..	..	..	..	..
		Other non-tuberculous diseases	..	..	2	..	..	..
Nervous System	{	Headache	..	..	..	7	..	I
		Signs of Overstrain	..	..	..	I	..	..
		Chorea	..	..	..	..	..	..
Rheumatism ..		..	..	..	I	I	..	..
Digestion ..		..	..	..	10	..	..	..
Deform- ities..	{	Spinal Curvature	..	..	30	29	I	..
		Flat Foot	..	..	37	103	..	..
		Other deformity	..	..	21	8	..	..
Other defects		..	..	..	25	9	2	I
Remedial Exercises advised					120		I	
Number of individual children found at Routine Inspection to require treatment					263			

The County Council have not undertaken any responsibility for the treatment of these defects. The following is a summary of the information obtained by the Medical Inspectors by re-examination of the children referred for treatment at previous inspections:—

	Defective Eyesight.	Tonsils & Adenoids.	Defective Hearing and Ear Disease.	Other Con- ditions.	Teeth.	Minor Deformi- ties.	Skin Disease.
Defects requiring treatment ..	105	21	11	60	199	135	10
Defects treated	39	4	7	31	56	85	6

APPENDIX A.

REPORT OF MR. BIRCH, THE SCHOOL DENTIST IN THE EASTERN HALF OF THE COUNTY.

WELLINGTON,
13th January, 1925.

To the School Medical Officer.

DEAR SIR,

I have pleasure in forwarding you my report for the year ending December 31st, 1924.

General Observations.

The scheme has been carried out on the same satisfactory lines as before, and each school has been visited within a period of about nine months—except in cases where arrangements have required modification due to the closure of schools for various reasons.

The conditions of the children's mouths differs as it were in districts, and is to a great extent dependent on the class of people—speaking generally there is a steady improvement—the percentage of unsaveable permanent teeth becomes progressively less, and indeed, in the case of those children receiving regular inspection and treatment—practically nil; appearances also of teeth are improving, due to the continued talks on cleanliness from all sources and the formation of leagues of cleanliness, as I have discovered in a few schools.

Although the number of refusals still remains higher than we would like it to be, in comparison with other areas it compares well for an agricultural county, and a number of old refusals are being steadily brought over.

New Schemes Adopted.

(a) The *payment system* is practically a failure—it is good in theory—but I find that Head Teachers look upon it from varying points of view, and in all cases do not like their task of discrimination of incomes.

(b) A *Charting system* to obtain statistics of the prevalent causes of unsaveable permanent teeth has been adopted and the comparatively small number of such teeth found in those receiving treatment last inspection are divided into those :—

(1) *Not treated (N.T.)* due to causes such as :—

- (a) Those whose condition does not allow of completion ;
- (b) In schools where one noisy child will frighten the rest—treatment may have to be curtailed ;
- (c) Under conditions where the child is extremely unmanageable and insubordinate—the operation required being somewhat extensive and painful, and where the parent absolutely demands to be present so as to console with the child—in such cases I prefer not to commence. The mental strain on all concerned is not worth it, and in 100 per cent. of cases it happens that no appreciation of the work done is granted—rather a complaint that the child has been hurt.

(2) *Rapid Caries (R).*

There is undoubtedly such a condition although it is possible that undetected cavities may be so regarded.

(3) *Period (P).*

A period between inspections of over a year due to various causes.—This is a very rare condition.

Attitude of Parents and Children.

Parents can be divided into those :—

- (1) Appreciative and very helpful.
- (2) Those who are simply not interested and require a lot of propaganda.
- (3) Those deliberately hostile, and these do a lot of damage by voicing hostile opinions.

Almost every child is more self reliant and will listen to what is told if the distracting influence due to the parents' presence is removed. Many parents come in a nervous and fearful condition and have the worst sort of influence, and to accomplish good work, as in teaching, absolute control is essential.

Generally speaking, the less educated parents consider that but a poor standard of dental treatment is given, and often make statements to the effect that they would prefer to go to a "real" dental surgeon; together with this attitude they are very critical of work done and therefore it is a first principle of public work that only the best work and materials should be provided.

The type of children also varies considerably, from the feeble minded to the precocious and hysterical—each one requiring special consideration; the dentist's chair holds more emotional stimulus than any other condition of school life, and so extreme care must be taken in achieving their confidence, and deception can never be practised. One of the difficulties of a country school is that due to thin partitions, etc., one crying child can upset the whole school.

Propaganda goes on ceaselessly one way or other, and the majority of children to-day know more about their teeth than their parents. Talks to the children during their period in the chair—class talks and articles in their school magazine are very fruitful.

In the minds of the parents some old ideas die very hard, and indeed the dental profession itself has done a lot to make the laity believe that deciduous teeth are not to be regarded seriously—one of our greatest hindrances to progress is in this direction.

Obviously unless some system of prevention is appreciated by the public we will go on extracting and filling teeth indefinitely without appreciable results.

As it appears to-day progress is most likely to result from :—

- (1) Better habits of mouth hygiene.
- (2) More rational diet.

Although there is a popular idea that our teeth are defective in composition in comparison with those of our grandfathers, analysis does not support it, and it is more than a coincidence that caries has increased since pappy foods became popular and patent infant foods were boomed as productive of healthy children.

The country child's morning lunch of a sandwich often seriously interferes with an inspection—their teeth being so hidden in soft sticky white bread—that it is almost a routine practice to have to send them out to rinse their mouths out with water.

Gradually, as a result of all our united efforts, I believe that a fashion will be formed that bad teeth are bad form, and once this attitude is evolved a great advance will have been made.

Treatment lies in the *principle of conservation* as far as possible—freedom from sepsis and decay is, strictly speaking, insufficient if the permanent teeth are lost—because under perfect conditions no unsaveable permanent teeth should exist, and each child should leave school with a complete sound dentition.

Efforts therefore are directed to this end by :—

- (1) Conservation or extraction of the deciduous teeth;
- (2) By immediately treating all defects in the permanent teeth.

A satisfactory scheme should show an excess of permanent teeth *filled* to those *extracted*, and the number of permanent teeth requiring extraction should become progressively fewer.

The best hours for treatment are usually found to be :—10 a.m.—12 noon and 1-30—3 p.m. No appointment should last very long for any child—15 to 20 minutes being quite long enough.

The temporary teeth are retained as long as possible—but I do not believe in retaining septic foci in the form of abscesses—extraction to my mind, under such conditions, is paramount even with the possibility of future irregularity.

I consider the temporary molars very important, and treat them with the same respect as if they were permanent teeth. I consider that the production of self cleansing areas and the hardening of soft dentine by silver nitrate treatment to be quite satisfactory treatment for the other defective deciduous teeth.

Conditions of cleanliness and light not being altogether satisfactory in many country schools, any extensive cases are advised to come to the nearest central clinic, where proper attention can be given. Cases requiring General Anaesthesia are treated likewise.

The treatment of irregularities is becoming an increasing problem ; the normal expansion of the jaws during the displacement of the temporary teeth by the permanent teeth does not occur for various reasons, and results in there being insufficient space for the larger teeth. As a consequence we find teeth overlapping and displaced from the normal arch, and especially so is this in the case of the permanent canines, which are the last to erupt of the anterior teeth and find their normal position encroached upon.

If one removes the temporary canine—the permanent lateral and first bicuspid close together and so gives a temporary cure until the permanent canine appears.

Since our efforts in school work do not permit of extensive appliances—the question resolves itself into one of judicious extraction, and the decision has to be reached after due consideration.

The direction in which the canine appears to be moving and the presence of caries in any of the teeth concerned being important factors, usually the question becomes one as to whether

- the (a) first bicuspid,
- (b) second bicuspid,
- (c) first molar shall be sacrificed.

Conditions such as are enumerated below often make extraction a more than usually difficult operation, viz. :—

- (1) Abnormal position of tooth ;
- (2) Abnormal formation of tooth—twisted roots, etc. ;
- (3) Change of tooth tissue resulting in degeneration of tooth-substance ;
- (4) Pathological changes at the apex resulting in hypercementosis or ankylosis.

The possibilities of unfortunate sequelae must be taken into account, *i.e.* (a) haemorrhage, (b) sloughing.

Taking into consideration the fact that especially in country districts one does not see the child again for another long period, and also that many parents are very ignorant of the first principles of mouth hygiene, I would suggest that a slip be prepared with a few points of advice on “ Care after Extraction ” to be given to those children who have had teeth extracted.

I would like to take this opportunity of testifying my appreciation of the conscientious work of both my assistants, and to thank you for your sympathetic and much appreciated help in all matters promoting the advancement of the dental service.

FRANK H. BIRCH, H.D.D., R.C.S., Edin., L.D.S.

APPENDIX B.

REPORT OF THE ORGANISER OF PHYSICAL TRAINING.

MARCH—DECEMBER, 1924.

It was decided that the best method to adopt in instructing the teachers, and supervising the drill in the Schools in the County, was to choose two areas for each term (roughly 3 months) and concentrate attention on the schools in these districts.

The areas with many outlying schools were taken during the summer months, and the more closely populated districts in the winter.

Courses of Instruction in Physical Training for the men and women teachers were arranged, the most convenient town being taken as a centre. The teachers were drawn in from the rural districts, and during the duration of the course the work in the ir schools was supervised.

Even taking two fresh areas each term it is estimated that it will take at least three years to cover the whole County with these first elementary courses.

COURSES HELD DURING THE YEAR 1924.

<i>Date.</i>	<i>Centre.</i>	<i>Where held.</i>	<i>No. of Teachers on Register of Class.</i>	<i>Average attendance.</i>
April—July ..	Ludlow ..	.. County Secondary School	57	44
„ „ ..	Bridgnorth ..	„ „ „ „	51	34
			42	29
Sept.—Dec. ..	Wellington (3 groups)	„ „ „ „	30	24
			47*	39

Classes consist of a series of 20 or 18 hours' instruction.

Classes.

A Course usually consists of a series of 12 lessons, one per week, giving altogether from 18—20 hours instruction. The class in the above list marked with an asterisk was for teachers in infant schools only, and consisted of 12 sessions of one hour each.

These classes cover instruction in (a) the Principles of Physical Education, (b) Practical lessons in physical training based on the tables of exercises in the syllabus issued by the Board of Education, (c) Practice in class teaching with criticism, (d) Instruction and practice in organised games and playground sports.

The interest shown by the teachers in these courses has been very satisfactory, many going to some considerable expense and trouble in order to reach the centre.

These courses are elementary in character, as the majority of the teachers are uncertificated or supplementary, and these require more help than those who have received training.

It is most desirable that this preliminary course should be followed up by one of a more advanced character within a reasonable period, but this is not possible with the existing arrangements.

Visits to Schools.

All the schools in the area round the centre chosen for the term were visited during the Course of Instruction. Most were visited twice, and some, where the work was particularly unsatisfactory, more often. These visits give opportunities for seeing the teachers at work and for giving individual help and special attention under the local conditions prevailing. The number of visits to schools made during each term was as follows:—

March—July, 1924	103
September—December, 1924 ..	78

'Following Up.'

In addition to visiting the schools in the district chosen for the term, the work in the areas where classes had been previously held should be followed up. This following up is a very important feature of the work. It has only been possible to do this very imperfectly, and with fresh ground to break each term, and an increasing number of areas to be followed up, anything approaching adequate attention will be impossible.

School Playgrounds.

Generally speaking, these are not very satisfactory. Very few schools have really good playgrounds, better surfaces and larger areas being desirable in most cases.

Playing Fields.

With increased recognition of the value, both moral and physical, of well organised play, efforts are being made to provide playing fields for the children. It is encouraging to find an increasing number of schools which are managing to find some open space for use during the play periods, if not for the daily drill lesson. This is largely due to the increasing sympathy and interest shown by school managers and others, and often to the keenness of individual teachers, who pay rent for a piece of land out of their own pockets.

Up to the present the L.E.A. has not helped financially in this matter, but it is exceedingly encouraging to read the following recent resolution of the Education Committee :—

“ The Committee recommend that facilities be granted for organised games for scholars in attendance at Public Elementary Schools in the County and that, where necessary, the rent of playing fields be paid by the Local Education Authority subject to the approval of the Board of Education—each case to be considered on its merits.”

Indoor Facilities.

These are extremely poor. Only a few schools possess indoor halls which can be used for drill during wet weather. Usually the classrooms are small, crowded with fixed desks and quite insufficiently ventilated. Quite useful lessons, including games, can be given in most classrooms, but the teachers are advised to take the lessons out of doors if the weather will in any way permit.

Equipment.

For the satisfactory carrying out of the Board's suggestions for physical training, a certain amount of apparatus (*i.e.*, balls, ropes, etc.), is necessary. As the schools are given no help whatever by the L.E.A. in this direction it devolves upon interested teachers to obtain what they can. (A separate report will be made on this subject).

Time-Tables.

Most of the time-tables in the schools are fairly satisfactory, only in a few cases is it necessary to suggest much in the way of alteration.

The amount of time given to physical training advised is—a daily period, for all classes, of 20 minutes, with an additional period for organised games, or if this is not possible, it is suggested that one of the daily periods should be extended to 30 or 40 minutes and used for play only.

Swimming.

Only one or two urban districts possess swimming baths, *i.e.*, Wellington and Oswestry. These baths are used by the children in those towns, but the children in the rural districts are getting no chance of swimming instruction. Progress in this direction may be gained by—

- (1) Extending the area of schools which can possibly get to the existing baths.
- (2) The conveyance of children from the rural areas to the towns.
- (3) The making of out-door swimming pools.
- (4) The utilization of existing streams or ponds.

Folk Dancing.

This is attempted in some of the schools which possess large rooms, or good playgrounds in addition to some instrument for music, but, speaking generally, very little is done in the country schools. Where the playgrounds are rough, the children's footgear heavy, and there is no piano (or gramophone) available, the teachers are advised to spend what time they have for recreative physical training as useful and purposeful play.

K. W. DAVEY.

